

OF BIRTH

Union  
Pinkney

# CERTIFICATE OF BIRTH

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 9205

FILE No.—For State Registrar Only

8761-a

Registered No. 48  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
(If child is not yet named, make supplemental report as directed.)

NAME OF CHILD

James Edward Hart

4. Twin or Triplet? \_\_\_\_\_  
5. Number in order of birth \_\_\_\_\_  
6. Are Parents Married? yes

7. DATE OF BIRTH March 31, 1923  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

James E Hart

8. COLOR OR RACE white

11. AGE AT LAST BIRTHDAY 28 (Years)

9. PLACE Union Co SC

10. OCCUPATION Farming

12. Number of children born to including present birth 2

MOTHER

14. NAME BEFORE MARRIAGE Louise Gallmon

15. PRESENT POSTOFFICE OF MOTHER Kelton SC

16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 27 (Years)

18. BIRTHPLACE Union Co SC

19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Clear A.M. or P.M.)

23. Signature J. J. Saratt 24. State whether Physician or Midwife Physician 25. Address of Physician or Midwife Union SC

Name added from a supplemental report

26. Witness (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed Nov. 9, 1928 28. D. H. Gallmon Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy, but if made even once, it must not be reported as stillborn.